

A CASE OF TUMOR OF THE PINEAL GLAND.

In the *Neurologisches Centralblatt*, May 15, 1889, Dr. Eugen Kny describes a case of tumor limited to the pineal gland, adding a ninth to the seven collected by Schulz (same periodical, 1886, No. 19), and the one reported by Daly ("Brain," July, 1887). The clinical history is briefly as follows:

J. H., aged thirty-two, suddenly began, in the spring of 1881, to have sharp pain in the occipital region, spreading in a year over both parietal and frontal regions. Since July, 1882, continual tinnitus aurium, and painful throbbing in the head. Later vertigo, blackness before the eyes, general tremor and periods of dimness of consciousness; gradually diminished vision. Feb. 1, 1883, choked discs, complete blindness in the right eye, light perceptible in the left.

August, 1884: Epileptiform convulsions. Dribbling of urine.

Nov., 1884: Nystagmus. Slowness of speech. Occipital pain continually.

May, 1885: Gradual weakening of the intelligence.

Nov., 1885: Strabismus divergens. Great tendency to fall backwards. No paresis. Anosmia. Cutaneous sensibility normal. In the last months of his life, dementia, soiling and wetting the bed. Wide rigid pupils. Bulbi peculiarly rigid, protruding, diverging. Epileptiform attacks.

Aug. 28, 1886: Death, with sudden sopor and rising of temperature to over 40° C.

Autopsy by von Recklinghausen: A lobular round-celled sarcoma of the pineal gland the size of a walnut. The corpora quadrigemina were not connected with the tumor, but flattened in front and pressed backwards.

PATHOLOGICAL FINDINGS IN A CASE OF TRAUMATIC NEUROSIS.

Drs. Sperling and Kronthal (*Neurolog. Centralb.*, June 15, 1889) give the clinical history and result of autopsy in a case of traumatic neurosis, which are condensed briefly as follows:

A man, aged forty-two, was so badly shaken up in a railway collision, in 1884, that he lost consciousness for a short time. A physician examined him and found bruises over his temple and abdomen. The patient complained only of a general feeling of fatigue. Within a few weeks a variety of inconstant symptoms appeared: there was psychic depression, apathy, irritability. He was easily startled by noises of passing trains, which would cause precordial pain

and a choking sensation. His sleep was harassed by frightful dreams. He had frontal headache, extending back to the neck and at times down the spine, formication in the hands or feet, ringing in the ears and flashes before the eyes. He had such a feeling of weakness that the slightest attempt at work caused general tremor. His gait was wide and so uncertain as to require the use of a cane. Musculature strong, and no disturbance of sensibility except the constant presence of painful points over the supraorbital regions. Knee-jerks and other reflexes considerably diminished. Sexual impotence. Palpitation.

A suit for damages was lost, physicians testifying that there were no objective symptoms, but probable simulation. Later, however, upon the testimony of Prof. Eulenburg and Dr. Sperling that the patient was entirely incapable of work, the decision was changed.

Hypnotism had a surprisingly good effect upon the patient. But January 27, 1889, patient died from cardiac and pulmonary disease.

The railway collision was not severe. No other person was injured, and none of the cars demolished.

The autopsy revealed a great degree of sclerosis, with here and there hyaline and fatty degeneration of the entire arterial system, but particularly in the cerebro-spinal vessels. There was a peculiar degeneration of the trunk of the sympathetic. In the spinal cord were scattered points of slight degeneration in all parts of the white substance, degeneration of the ganglia cells in a small part of the lower dorsal region, and a small hamorrhage in the mid-dorsal region.

THE DIAGNOSTIC VALUE OF INCREASED KNEE-JERK AND ANKLE CLONUS.

Dr. T. Ziehen (*Corresp. Blätter des allg. ärztl. Vereins von Thüringen*, No. 1, 1889) puts in the form of a series of valuable clinical rules his experience with these reflexes:

Unilateral exaggeration of the knee-jerk is always significant of disease.

Bilateral exaggeration of the knee-jerk is only significant when ankle clonus co-exists.

Ankle clonus may be physiological in children; in adults it is pathological.

Ankle clonus and exaggerated knee-jerk occur in sixty per cent. of cases of epilepsy, while the plantar reflex is often strikingly weak.

The combination of diminished plantar reflex with in-